



## Volatile Organic Contaminant Report

## I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #:  City / Town:

PWS Name:  PWS Class: COM ☐ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By
		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:			
		(1) Reason for Resubmission	(2) Collection Date of Original Sample		
<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
SAMPLE NOTES – Such as, if a Manifold/Multiple sample, list the source(s) that were on-line during sample collection.					

## II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #:  Primary Lab Name:  Subcontracted? (Y/N)

Analysis Lab MA Cert. #:  Analysis Lab Name:

Lab Method	Date Extracted (551.1 only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composited sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.			
Yes: <input type="checkbox"/> No: <input type="checkbox"/>				

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE		5	
56-23-5	CARBON TETRACHLORIDE		5	
75-35-4	1,1-DICHLOROETHYLENE		7	
107-06-02	1,2-DICHLOROETHANE		5	
106-46-7	PARA-DICHLOROBENZENE		5	
79-01-6	TRICHLOROETHYLENE (TCE)		5	
71-55-6	1,1,1-TRICHLOROETHANE		200	
75-01-4	VINYL CHLORIDE		2	
108-90-7	MONOCHLOROBENZENE		100	
95-50-1	O-DICHLOROBENZENE		600	
156-60-5	TRANS-1,2-DICHLOROETHYLENE		100	
156-59-2	CIS-1,2-DICHLOROETHYLENE		70	
78-87-5	1,2-DICHLOROPROPANE		5	
100-41-4	ETHYLBENZENE		700	
100-42-5	STYRENE		100	
127-18-4	TETRACHLOROETHYLENE (PCE)		5	
108-88-3	TOLUENE		1000	
1330-20-7	XYLENES (TOTAL)		10000	
75-09-2	DICHLOROMETHANE		5	
120-82-1	1,2,4-TRICHLOROBENZENE		70	
79-00-5	1,1,2-TRICHLOROETHANE		5	

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**PWS ID#:**

**Lab Sample ID#:**

CAS#	UNREGULATED VOC CONTAMINANTS	Results µg/L	MDL µg/L
67-66-3	CHLOROFORM*		
75-27-4	BROMODICHLOROMETHANE		
124-48-1	CHLORODIBROMOMETHANE		
75-25-2	BROMOFORM		
541-73-1	M-DICHLOROBENZENE		
74-95-3	DIBROMOMETHANE		
563-58-6	1,1-DICHLOROPROPENE		
75-34-3	1,1-DICHLOROETHANE*		
79-34-5	1,1,2,2-TETRACHLOROETHANE		
142-28-9	1,3-DICHLOROPROPANE		
74-87-3	CHLOROMETHANE		
74-83-9	BROMOMETHANE*		
96-18-4	1,2,3-TRICHLOROPROPANE		
630-20-6	1,1,1,2-TETRACHLOROETHANE		
75-00-3	CHLOROETHANE		
594-20-7	2,2-DICHLOROPROPANE		
95-49-8	O-CHLOROTOLUENE		
106-43-4	P-CHLOROTOLUENE		
108-86-1	BROMOBENZENE		
542-75-6	1,3-DICHLOROPROPENE*		
95-63-6	1,2,4-TRIMETHYLBENZENE		
87-61-6	1,2,3-TRICHLOROBENZENE		
103-65-1	N-PROPYLBENZENE		
104-51-8	N-BUTYLBENZENE		
91-20-3	NAPHTHALENE*		
87-68-3	HEXACHLOROBUTADIENE		
108-67-8	1,3,5-TRIMETHYLBENZENE		
99-87-6	P-ISOPROPYLTOLUENE		
98-82-8	ISOPROPYLBENZENE		
98-06-6	TERT-BUTYLBENZENE		
135-98-8	SEC-BUTYLBENZENE		
75-69-4	FLUOROTRICHLOROMETHANE		
75-71-8	DICHLORODIFLUOROMETHANE*		
74-97-5	BROMOCHLOROMETHANE		
1634-04-4	METHYL TERTIARY BUTYL ETHER (MTBE)*		

# Required

\* DEP ORSG limit established.

Surrogate Name	% Recovery (70 – 130%)

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

**Primary Lab Director Signature:**

Date:

*If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.*

DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____	Review Comments	<input type="checkbox"/> WQTS Data Entered
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